



ROCKFORD POLICE DEPARTMENT FREEDOM OF INFORMATION REQUEST FORM



DATE OF REQUEST: _____

RECORDS CLERK _____

NOTICE: Under the Freedom of Information Act certain information may not be released. This includes but is not limited to information regarding juvenile offenders, pending investigations, information that would identify informants, information that would impede investigations, and information that violates the right to privacy of another. Reviews of the request may take up to 7 business days. We will notify you if we require an additional 7 business days to process your request under Section 140/3(d) of the act.

(http://www.illinoisattorneygeneral.gov/government/foia_illinois.html)

YOUR NAME: _____

YOUR ADDRESS: _____ City _____ State _____ Zip _____

YOUR TELEPHONE NUMBER _____

PURPOSE OF REQUEST

I request the following record(s) and or case numbers: _____

DATE / TIME OF INCIDENT _____ **LOCATION OF INCIDENT** _____

DO NOT COMPLETE - OFFICIAL USE ONLY

Notified requester additional 7 business days required. Date _____ ☐ By Phone ☐ By Mail

The following information requested is exempt from inspection, copying or disclosure under Section(s) indicated: _____

Request denied in whole: ☐ In person ☐ Mail ☐ Telephone ☐ Unable to process

Request granted in part: ☐ Released in person ☐ Telephone response ☐ Mail response ☐ Viewed in Person

Request granted in whole: ☐ Released in person ☐ Telephone response ☐ Mail response ☐ Viewed in Person

Other Agency(s) Notified: _____

Authorized by: _____ **Date:** _____

For questions contact Rockford Police Records. Telephone: 815-987-5902. Fax: 815-987-5890 Address: 420 West State Street Rockford, IL 61101-1288



NOT REQUIRED